

## EUTF DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

### I. DECLARATION:

I, \_\_\_\_\_, an employee-beneficiary of the EUTF, declare that, as of \_\_\_\_\_, am no longer in a domestic partnership with \_\_\_\_\_ because:

- ☐ our domestic partnership no longer meets all the status criteria set forth in our declaration of domestic partnership, or
- ☐ the domestic partner deceased as of \_\_\_\_\_, or
- ☐ our domestic partnership terminated or dissolved as of \_\_\_\_\_.

### II. TERMINATION OF COVERAGE:

I understand that termination of coverage of the domestic partner and the domestic partner's children will be effective upon the EUTF's receipt of this Declaration.

I affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

\_\_\_\_\_  
Employee-Beneficiary Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Employee-Beneficiary Address

\_\_\_\_\_  
Domestic Partner Address